



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BOARD OF ACUPUNCTURE LICENSING

STATE OFFICE PARK SOUTH
129 PLEASANT STREET, BROWN BUILDING, CONCORD, NH 03301-3857
603-271-0853 FAX: 603-271-5590 TDD Access: 1-800-735-2964

John A. Stephen
Commissioner

Mary P. Castelli
Senior Division Director

Request for Pre-Approval of Continuing Education Units

We recommend you consider making your request to the NCCAOM review service or other national acupuncture to provide participants convenient national CEU acceptance. E.g.; www.nccaom.org

Sponsoring Agency/Contact Person:

Name _____

Address _____

Phone _____

Email (optional) _____

Proposed Course Details:

(Provide the information below as an attachment. Proposed marketing or course materials may be submitted, ensure the requested information is included.)

- a. Title
- b. Location
- c. Date(s)
- d. Course Objective
- e. Description of all relevant subjects to be covered (that conform to Acup Rule 402.04(a) and (b))
- f. Course Syllabus,
Schedule with hourly breakdown,
List of required textbooks and/or equipment
- g. Name(s) and professional qualification of the instructors(s)
- h. Statement that attendance checked twice per session
- i. Statement that attendees who are present for the entire course will receive an attendance certificate.

Number of hours Requested _____

No course shall be advertised as having board approval until same is granted by the Board. Upon Approval, the Board will issue a letter of approval within 60 days of receipt of request.

Literatures may contain a statement similar to; Ceu's Applied for while pending approval.

**Submit with Attachments to: State of NH Board of Acupuncture Licensing,
Office of Operations Support, 129 Pleasant St., Concord NH 03301**